

RECEIPT NO. \_\_\_\_\_

## APPLICATION FOR DEATH CERTIFICATE

Mail to : City of Hartford - Office of Vital Records  
550 Main Street, Hartford, CT 06103

A COMPLETE CERTIFIED COPY OF THE DEATH CERTIFICATE IS \$5.00  
MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF HARTFORD

Full name of deceased \_\_\_\_\_  
(First Name) (Family Name)

Date of death \_\_\_\_\_  
(Month) (Day) (Year)

Place of death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_